

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584395

FILING DATE

06 23 06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3		/		/			
4		/					
5	/		/				
6		/		/			
7		/		/			
8		/		/			
9	3						
10	8						
11	1						
12	5						
13	1						
14	0						
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50							
TOTAL IND.			1				
TOTAL DEP.			15				
TOTAL CLAIMS			17				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							